



HEALTH FORMS

Dear Parents,

- **A completed and signed medication authorization form is required in order for school personnel to administer medicine of any kind to any child.** Enclosed with this are two forms: one for prescription medicine (to be filled out by a physician) and one for nonprescription medicine. Additional copies are available in the school office.
- All drugs, whether obtained by prescription or over the counter, must be sent to the school **in the original container** marked clearly with the child's name. The medication, along with the signed authorization form should be turned into the school office. **Under no circumstances should prescription or non-prescription medicine be kept in the child's backpack during the day.** The school will not furnish medicine of any kind.
- **All students are required to have an annual physical examination on file, dated on or after February 1, 2023. We must have a physical examination, and immunizations must be up-to-date before students are permitted to attend class on August 28, 2023.**
- **Missouri Law Section 167.181 requires that all children entering a Missouri public, private or parochial school must be adequately immunized against Hepatitis B, diphtheria, tetanus, pertussis, polio, mumps, rubeola and rubella. See addendum attached.**
- **Medical forms must be completed and returned to TSMSOC by August 15, 2023. By law, no child will be allowed to attend school without a medical form on file at The St. Michael School of Clayton.**

Please return completed forms into the TSMSOC school office

2023-2024 MISSOURI SCHOOL IMMUNIZATION REQUIREMENTS

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Missouri-required immunizations should be administered according to the current ACIP schedule, including all spacing, (CDC.Gov/vaccines/schedules).
- To remain in school, students “in progress” must have an Immunizations In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption form must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine preventable diseases occur.

Vaccines	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT ¹	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap ²									1	1	1	1	1
MCV ³ (Meningococcal Conjugate)									1	1	1	1	2
IPV (Polio) ⁴	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR ⁵	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B ⁶	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella ⁷	2	2	2	2	2	2	2	2	2	2	2	2	2

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed: six doses.**
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-12 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.
5. First dose must be given on or after twelve months of age. If MMR and Varicella are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age. If Varicella and MMR are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.

Kindergarten-12 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

2023/2024

MEDICAL HISTORY/PHYSICAL

First Name _____ Last Name _____ Date _____
SSN _____ - _____ - _____ DOB _____ - _____ - _____ Sex: M F Grade: _____

***SSN and DOB is required**

Is the child under medical care for any condition at the present time?

No Yes, Diagnosis _____

Does the child require any medication?

No Yes, Please list: _____

Allergies: Medication _____
 Food _____ Other _____

Epi Pen: No Yes, Reason _____

Asthma: No Yes, Inhalers _____

Chicken Pox : No Yes, Date _____

Lead level (children under 6) _____ Date _____

Immunization History/Dates

DtaP/DTP	DT	OPV/IPV	MMR	HIB	Pevnar	HEP B	HEP A
							Varicella

Physical Exam: Ht _____ Wt _____ BP _____

Vision with/without glasses: R 20/ _____ L 20/ _____ Hearing: R pass/fail L pass/fail

System	Normal	Abnormal	Comments
Skin			
ENT			
Cardiovascular			
Muscular Skeletal			
Gastrointestinal			
Neurological			
Respiratory			
Genitourinary			

The child may fully participate in all school activities including physical education and competitive sports:

No Yes, Please list restrictions: _____

Physician Name _____ Address _____

Telephone Number _____ Fax Number _____

Physician/Nurse Practitioner Signature and Date _____

Please return completed forms into the TSMSOC school office

2023/2024

Permission Form for Prescription Medication

Saint Louis
COUNTY
HEALTH

First Name _____ Last Name _____
Date _____ SSN _____ - _____ - _____ Sex: M F

***All information required**

To be completed by Child's Physician or Authorized office personnel:

Diagnosis _____
Name of Medication: _____ Starting Date _____ End Date _____
Form of medication/treatment (circle): Tablet/Capsule Liquid Inhaler Injection Nebulizer
Other _____
Dosage _____ Time(s) _____
Special Instructions _____
Restrictions and/or side effects associated with Medication _____
Physician's Signature _____ Date _____
Please Print Name _____ Address _____

To be completed by the Parent/Guardian

I give permission for (name of child) _____ to receive the above medication at school according to the school's policy.
Signature of Parent/Guardian _____ Date _____

Note: Medication must be in its original container.

Record of Administration of Medication

Staff Name	Date	Time	Dosage

Note: Medication must be in its original container.

Please return completed forms into the TSMSOC school office

2023/2024

Permission Form for Non- Prescription Medication



First Name _____ Last Name _____
Date _____ SSN _____ - _____ - _____ Sex: M F

***All information required**

To be completed by the Parent/Guardian:			
Name of Medication: _____ Starting Date _____ End Date _____			
Form of medication/treatment (circle): Tablet/Capsule Liquid Inhaler Injection Nebulizer			
Other _____			
Dosage _____ Time(s) _____			
Special Instructions _____			
Restrictions and/or side effects associated with Medication _____			
Signature of Parent/Guardian _____ Date _____			
Note: Medication must be in its original container.			

Record of Administration of Medication			
Staff Name	Date	Time	Dosage

Note: Medication must be in its original container.

Please return completed forms into the TSMSOC school office